PARKVIEW MANOR HEALTH/REHABILITATION

2961 ST. ANTHONY DRIVE

GREEN BAY	54311	Phone: (920) 468-0861		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	junction with I	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	132	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	136	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/03:	98	Average Daily Census:	92

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)	용				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용	Age Groups	용	Less Than 1 Year 1 - 4 Years	19.4 29.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	16.3		19.4	
Day Services	No	Mental Illness (Org./Psy)	18.4	65 - 74	9.2			
Respite Care	No	Mental Illness (Other)	6.1	75 - 84	28.6		68.4	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	2.0	95 & Over	3.1	Full-Time Equivalent		
Congregate Meals No		Cancer	5.1			- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.2		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	14.3	65 & Over	83.7			
Transportation	No	Cerebrovascular	13.3			RNs	12.8	
Referral Service	No	Diabetes	7.1	Gender	용	LPNs	7.2	
Other Services	Yes	Respiratory	10.2			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.3	Male	39.8	Aides, & Orderlies	46.1	
Mentally Ill	No			Female	60.2			
Provide Day Programming for			100.0					
Developmentally Disabled				100.0				

Method of Reimbursement

		Medicare			edicaid		(Other			Private Pay			amily Care]	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	19	100.0	287	50	90.9	106	0	0.0	0	23	100.0	139	0	0.0	0	1	100.0	475	93	94.9
Intermediate				3	5.5	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	3.6	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		55	100.0		0	0.0		23	100.0		0	0.0		1	100.0		98	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	· · · · · · · · · · · · · · · · · · ·	Number of
Private Home/No Home Health	3.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.0		60.2	38.8	98
Other Nursing Homes	0.4	Dressing	9.2		50.0	40.8	98
Acute Care Hospitals	94.5	Transferring	21.4		63.3	15.3	98
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.4		56.1	25.5	98
Rehabilitation Hospitals	0.0	Eating	54.1		29.6	16.3	98
Other Locations	1.5	*******	******	*****	*****	******	*****
Total Number of Admissions	275	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	12.2	Receiving Resp	iratory Care	12.2
Private Home/No Home Health	15.1	Occ/Freq. Incontiner	nt of Bladder	38.8	Receiving Trac	heostomy Care	1.0
Private Home/With Home Health	23.0	Occ/Freq. Incontiner	nt of Bowel	25.5	Receiving Suct	ioning	1.0
Other Nursing Homes	4.2				Receiving Osto	my Care	5.1
Acute Care Hospitals	32.8	Mobility			Receiving Tube	Feeding	4.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.0	Receiving Mech	anically Altered Diets	30.6
Rehabilitation Hospitals	0.0	. <u> </u>			_	_	
Other Locations	8.3	 Skin Care			Other Resident C	haracteristics	
Deaths	16.6			5.1	Have Advance D	irectives	67.3
Total Number of Discharges		With Rashes		3.1	Medications		
(Including Deaths)	265				Receiving Psyc	hoactive Drugs	59.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	Licensure:			
	This	Pro	Proprietary Peer Group % Ratio		-199	Ski	lled	Al	1	
	Facility	Peer			Group	Peer	Group	Faci.	lities	
	%	૪			Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	67.6	86.2	0.78	87.6	0.77	88.1	0.77	87.4	0.77	
Current Residents from In-County	74.5	78.5	0.95	83.0	0.90	82.1	0.91	76.7	0.97	
Admissions from In-County, Still Residing	12.0	17.5	0.69	19.7	0.61	20.1	0.60	19.6	0.61	
Admissions/Average Daily Census	298.9	195.4	1.53	167.5	1.78	155.7	1.92	141.3	2.12	
Discharges/Average Daily Census	288.0	193.0	1.49	166.1	1.73	155.1	1.86	142.5	2.02	
Discharges To Private Residence/Average Daily Census	109.8	87.0	1.26	72.1	1.52	68.7	1.60	61.6	1.78	
Residents Receiving Skilled Care	94.9	94.4	1.01	94.9	1.00	94.0	1.01	88.1	1.08	
Residents Aged 65 and Older	83.7	92.3	0.91	91.4	0.92	92.0	0.91	87.8	0.95	
Title 19 (Medicaid) Funded Residents	56.1	60.6	0.93	62.7	0.90	61.7	0.91	65.9	0.85	
Private Pay Funded Residents	23.5	20.9	1.12	21.5	1.09	23.7	0.99	21.0	1.12	
Developmentally Disabled Residents	2.0	0.8	2.54	0.8	2.67	1.1	1.84	6.5	0.31	
Mentally Ill Residents	24.5	28.7	0.85	36.1	0.68	35.8	0.68	33.6	0.73	
General Medical Service Residents	13.3	24.5	0.54	22.8	0.58	23.1	0.57	20.6	0.65	
Impaired ADL (Mean)	53.7	49.1	1.09	50.0	1.07	49.5	1.08	49.4	1.09	
Psychological Problems	59.2	54.2	1.09	56.8	1.04	58.2	1.02	57.4	1.03	
Nursing Care Required (Mean)	7.8	6.8	1.15	7.1	1.10	6.9	1.13	7.3	1.06	